



# There is no such thing as a hierarchy of (external) evidence

**Karin Hannes**, Faculty of Social Sciences, KU Leuven

**Johann Behrens**, Institute for Health science and Nursing science, Medical Faculty, University Halle-Wittenberg

**Fiona Bath-Hextall**, Faculty of Medicine and Health Sciences, University of Nottingham

[Hannes, K., Behrens, J., Bath-Hextall, F. \(2015\). There is no such thing as a one dimensional hierarchy of evidence: a critique and a perspective. Cochrane Colloquium. Vienna, Austria, 3-7 October 2015.](#)



# Outline

## Two critiques

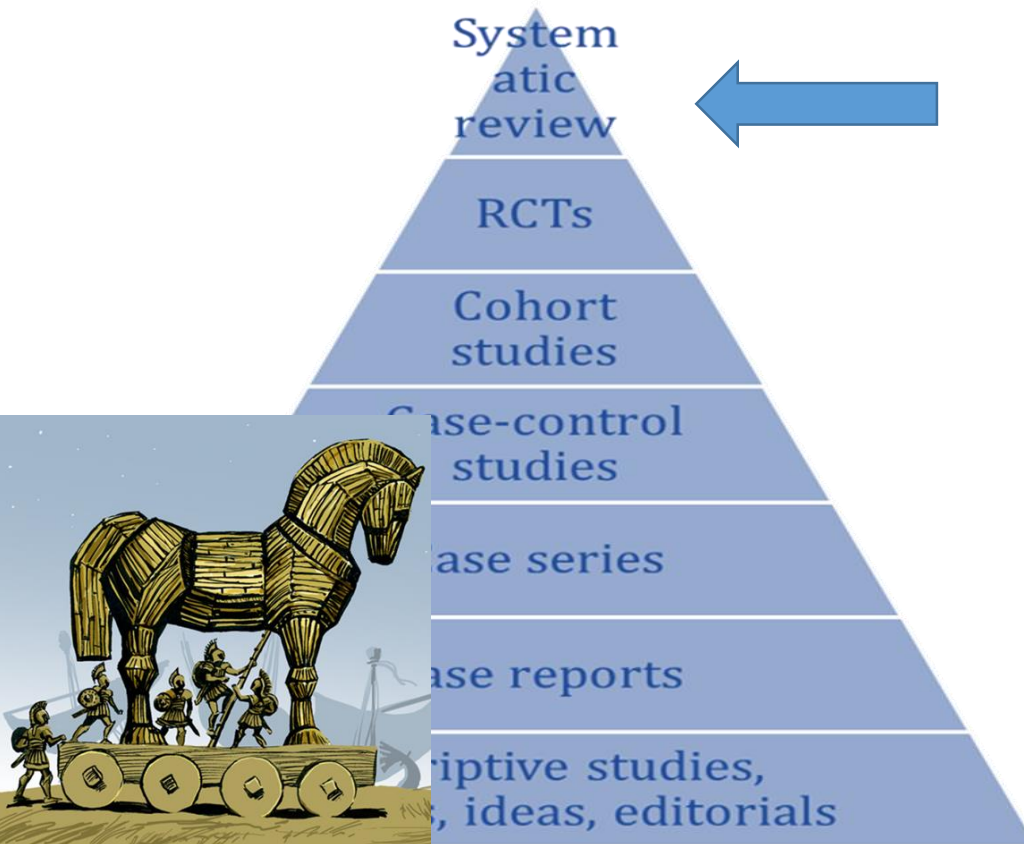
- A heavy emphasis on robustness of **methods** as the core criterion to decide on what enters the Cochrane Library.
- A heavy emphasis on the production of **external** evidence as the focal point to support clinical reasoning processes.

## Two suggestions for progress

- A four dimensional model promoting a **question driven** approach to synthesizing evidence
- A model emphasizing a more inclusive clinical reasoning process, promoting **internal** evidence as the primary focus.

# Critique 1: a hierarchy of evidence?

What is the effectiveness of X?

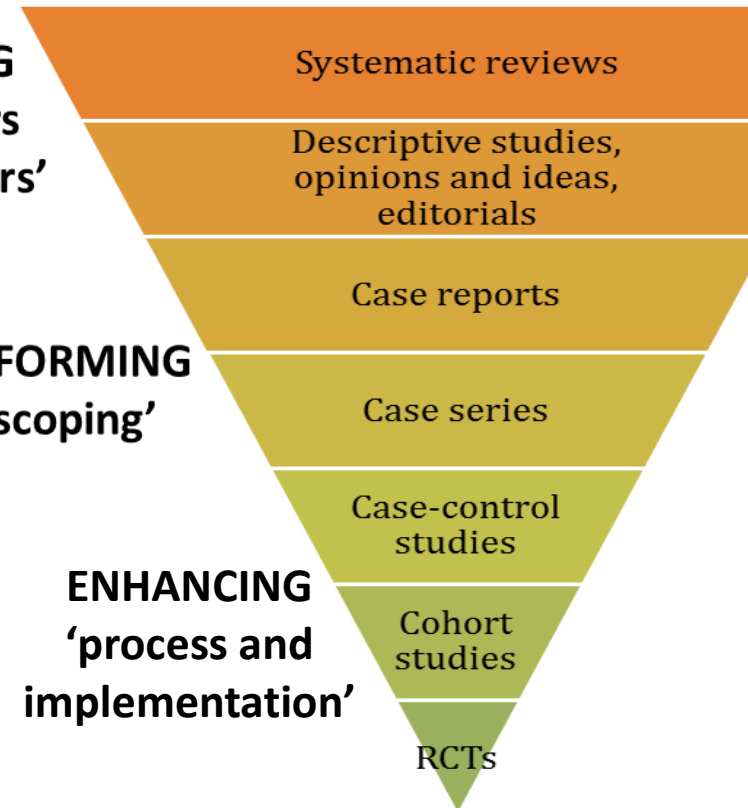


**EXTENDING  
'moderators  
and mediators'**

What are the barriers and facilitators for X?

**INFORMING  
'scoping'**

**ENHANCING  
'process and  
implementation'**



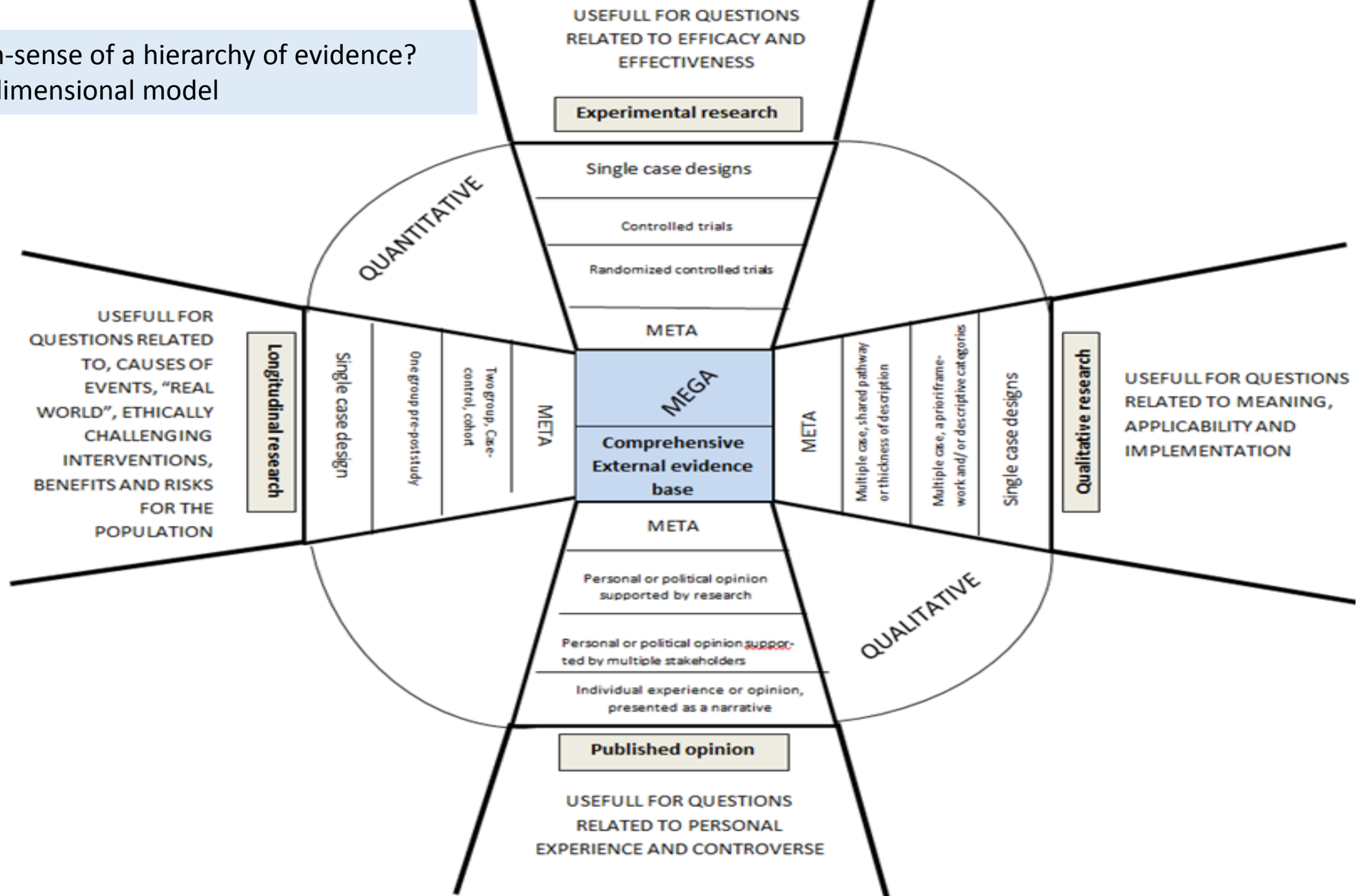
# Mega reviews: the lumping logic

## You can't mix apples with oranges!

Of course it's about mixing apples and oranges. In the study of fruit nothing else is sensible. Comparing apples to oranges is the only endeavor worthy of true scientists. Comparing apples to apples is trivial. (Gene Glass, 2000)



The non-sense of a hierarchy of evidence?  
A four dimensional model

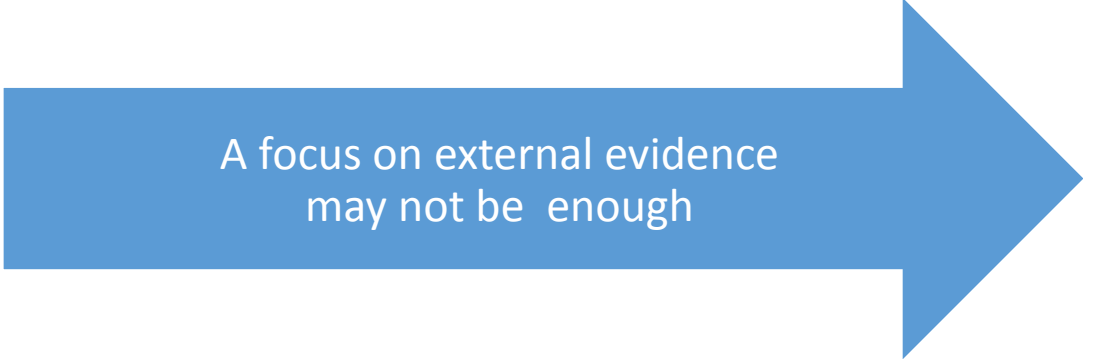


# To summarize

## Problem versus suggestion for progress

- Abandon the hierarchy of evidence discourses and replace it by a **question driven approach** to studying evidence.
- Start from **what matters** instead of what works; a space of equalization where the issue of 'good' stands central, rather than the methods or means with which to achieve the 'good'.

## Critique 2: external evidence as the focal point



A focus on external evidence  
may not be enough

EBM is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available **external clinical evidence** from systematic research, *hereby taking into account the needs and expectations of the user/client*. (From BMJ 1996;312:71-72)



EBM is the ongoing self reflection of an individualised approach to medicine, originating from and focusing on clinical decision making, hereby distinguishing between external and internal evidence.

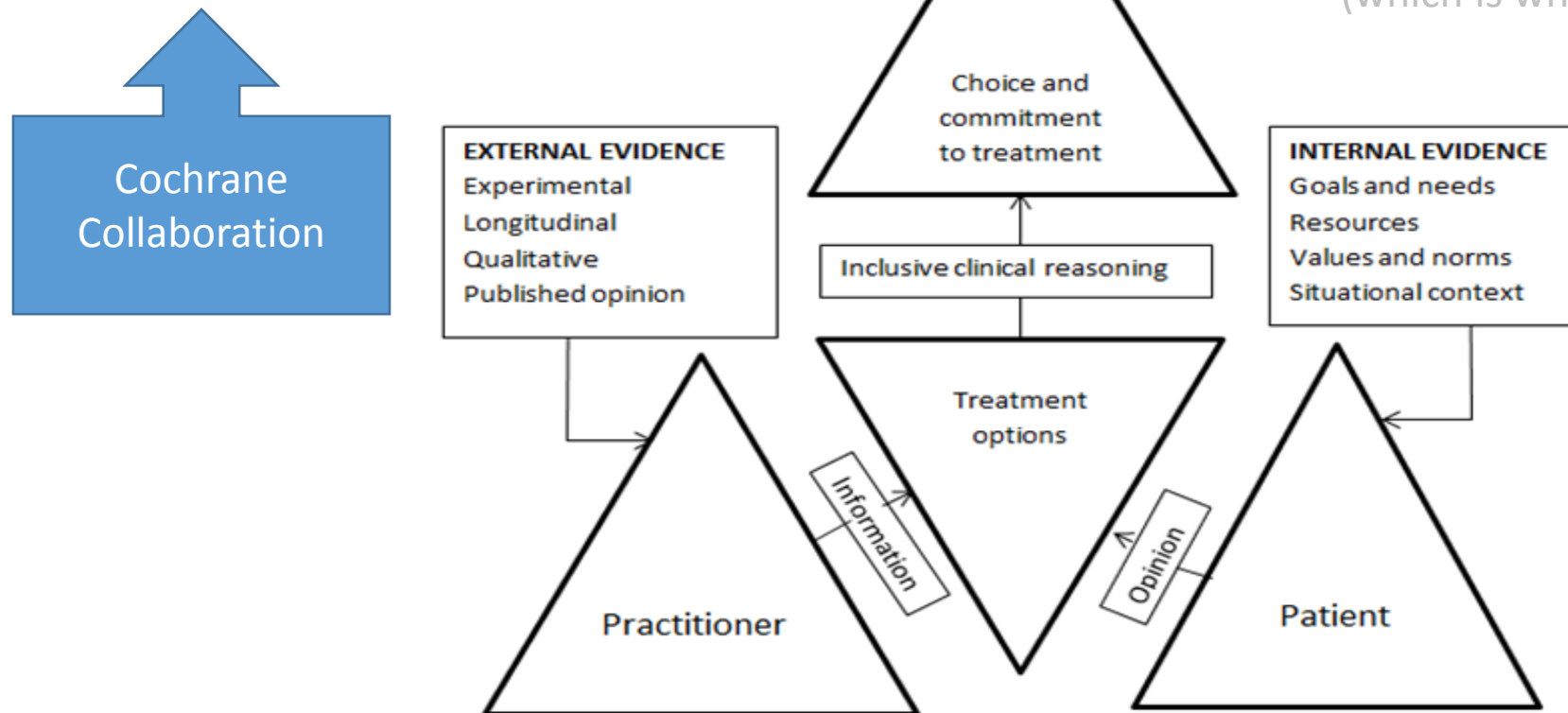
**External evidence:** info on other subjects' experiences gained through "qualitative" and "quantitative" scientific methods

Our external evidence base contains facts but is incomplete!

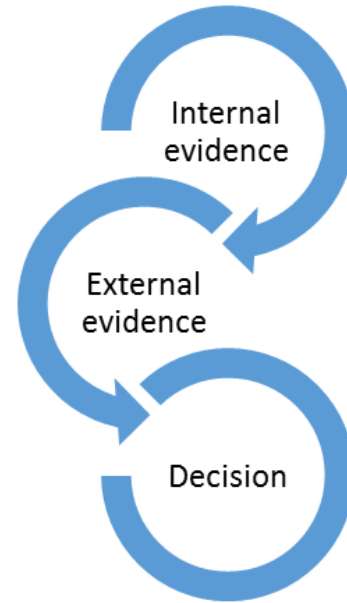
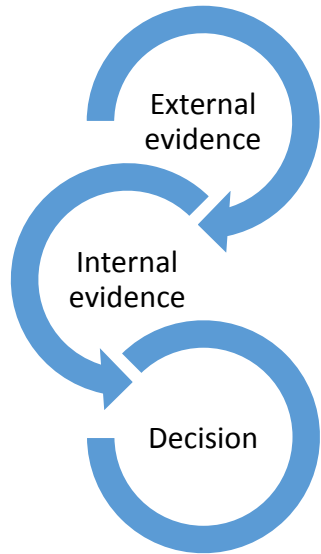
Our external evidence base needs to be negotiated!

**Internal evidence:** the individual user/clients' own experience manifesting and developing in the individual contact with the practitioner

- Our internal evidence base contains: goals, needs, resources, values & norms, situational context!
- Our internal evidence base may fool us!  
(which is why we need external evidence)



# Who ever researched how to merge two types of evidence or even where the chain ideally should start?



## Problem versus suggestion for progress

- Instead of starting with **external evidence** and applying it to our clients building on our clinical wisdom...
- Start from the **internal evidence** base and use what clients know as the point of reference, hereby negotiating our expertise into the decision making process informed by **external evidence**.

Doctor, I would like to see my medical records in regard to the period when my systolic ejection murmur was heard at the 2nd right intercostal space.



I'm sorry sir, but I never show my patients their records because they lack the knowledge needed to properly interpret the information.



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“It is not about ‘matters of method’ producing ‘matters of fact’, it is about ‘matters of concern’ to which we have to respond as a professional and as a Cochrane Community”

[Karin.hannes@kuleuven.be](mailto:Karin.hannes@kuleuven.be)

<http://qim.cochrane.org/>